December 11, 2018

Robert Moffit, Ph.D. Andrew Pollak, MD Chairman & Vice-Chairman

Maryland Health Care Commission 4160 Patterson Avenue Baltimore, Maryland 21215

Re: CON Modernization Task Force-Comments on Final Report

Dear Chairman Moffitt and Vice-Chairman Pollak:

On behalf of the Maryland Ambulatory Surgery Association (MASA), I am pleased to submit our comments on the CON Modernization Taskforce's Final Report. For several decades, MASA has represented the licensed freestanding ambulatory surgical centers in Maryland. These facilities are owned by individual physicians, group practices, management companies and hospitals. Many are joint ventures often involving all of the above. The majority of centers has only one operating room, and is often single specialty. The history of CON regulation in Maryland has in fact promoted the significant number of one Operating Room centers. If you look at our surrounding states with CON programs you will find significantly fewer ASCs. Non-CON states near MD still do not come close to the numbers we see here in Maryland.

The sheer volume of procedures performed in ASFs and endoscopy centers since their inception in the 1980's has contributed perhaps the greatest health care cost savings to patients and payers in the State of Maryland. Additional cost savings will be achievable if barriers to expanding existing ambulatory surgery centers, as well as, creating new centers were allowed.

MASA supports the State Health Plan and procedural reform recommendations as they relate to the ASC CON regulations including eliminating the capital expenditure requirement as an element requiring CON approval, and removing charity care requirements, as the ASCs are dependent on their surgeons to schedule such cases.

MASA understands that access to care at ASFs is a continuing problem for many citizens in Maryland and strongly urges the MHCC to work with both the HSCRC and Medicaid to incentivize ASCs to remove the barriers and improve access to care for Medicaid patients.

MASA appreciates the opportunity to participate on this workgroup during this past year. It has been a learning experience for the representatives of the various health care facilities as the group worked to recommend revisions that promote quality, accessible, and cost-effective care while driving innovation.

Sincerely,

Indua M. Hyatt, CASC

President, Maryland Ambulatory Surgery Association